RECEIVED
FEC MAIL CENTER

2016 FEB 12 AM 7: 42

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Committee Name:	
Free Market Super PAC	
If registered, FEC ID:	
Today's Date:	
January 30, 2016	
Federal Election Commission	
999 E Street, N.W.	
Washington, D.C. 20463	
Re: Form 1, Statement of Organization—Unlimited Contributions	

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

De Delinleon

Treasurer's Name:

Joe Behnken

, Treasurer

Use

Only

STATEMENT OF **ORGANIZATION**

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FEC FORM 1

(Revised 06/2012)

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NAME OF COMMITTEE (in	n full)		(Check if name is changed)		mple:If typing, ty the lines.	уре	12FE4M5		
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COMMITTEE'S E-MA	AIL ADDF	RESS							
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2. DATE		3.0	10.16					** . 	er e e e
3. FEC IDENTIFIC	CATION I	NUMBER	▶		· · · · · · · · · · · · · · · · · · ·			r Liber (190 Karananan	ort St.
4. IS THIS STATE	MENT J	NEV	w (N) OR		AMENDED	D (A)			
I certify that I have	examined	this Staten	nent and to the be	st of my	knowledge and I	belief it is	true, correct	and complet	e.
Type or Print Name	of Treasu	rer	Jue B	eh	n Kev)			
Signature of Treasur		VIZ	Behn	ker	<i>79</i> -		Date 💍	1 30	12016
NOTE: Submission of	false, erro		ncomplete informatio						of 52 U.S.C. §30109
Office			1	_	For further inform	mation con	tact;	EEC 1	FORM 1

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

	FEC For	rm 1 (Revised 02/2009)		Page 2
TYP	E OF C	OMMITTEE		
Car	didate	Committee:		
(a)		This committee is a principal c	campaign committee. (Complete the candidate inform	mation below.)
(b)		This committee is an authorize information below.)	ed committee, and is NOT a principal campaign cor	mmittee. (Complete the candidate
Nam Can	e of didate			
	didate / Affiliation	on Sou	ce ught: House Senate	State President District
(c)		This committee supports/oppos	ses only one candidate, and is NOT an authorized	committee.
Nam Can	e of didate			
Par	ty Con	nmittee:		
(d)		This committee is a	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):		
(e)		This committee is a separate s	segregated fund. (Identify connected organization on	line 6.) Its connected organization is a
		Corporation	Corporation w/o Capital Stock	Labor Organization
		Membership Organiza	tion Trade Association	Cooperative
	<i>''</i>	In addition, this	committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opporcommittee. (i.e., nonconnected	ses more than one Federal candidate, and is NOT committee)	a separate segregated fund or party
		In addition, this committ	tee is a Lobbyist/Registrant PAC.	

Joint Fundraising Representative:

(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more p committees/organizations, none of which is an authorized committee of a federal candidate.				
	Com	mittees Participating in Joint Fundraiser			
	1.	FEC ID number			
	2.	FEC ID number			
	3.	FEC ID number			

550 Samuel (B)	the displacement		Davis 9
FEC Form 1 (Rev			Page 3
6. Name of Any Connect	cted Organization, Affiliated Committee, Jo	oint Fundraising Representative,	or Leadership PAC Sponsor
Relationship: Cor	nnected Organization Affiliated Committee	Joint Fundraising Representa	tive Leadership PAC Sponso
7. Custodian of Records books and records.	s: Identify by name, address (phone number	optional) and position of the pe	erson in possession of committe
Full Name	1 JOB DENIND	John Son	51
Mailing Address	New AThens	NGV1943096	162264-1
Title or Position	CITY	STATE	ZIP CODE
I. T.Rev	asuvev	Telephone number 6	181-16194-12966
	me and address (phone number optional) (e.g., assistant treasurer).	of the treasurer of the committee;	and the name and address of
Full Name of Treasurer Mailing Address	Toe Behn 1603 South	Ken 1 Jahnson	ST
	New Athens	T.L STATE	62264-L
Title or Position	USEV.,,,,,,,	Telephone number	18-604-296

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	· ***	• • • •	
Full Name of Designated Agent LLL			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position		Telephone number	
9. Banks or Other Depositors safety deposit boxes or m. Name of Bank, Depository		n which the committee deposits fu	unds, holds accounts, rents
	SCOTT CRED	it Union	
, Mailing Address	Life J. Chelit U	inian WAY	
	L Folw AROLS VI	Me, IK.	
 	[EdwardsVille	11111 E4	L62264-LII
	CITY	STATE	ZIP CODE
Name of Bank, Depository	, etc.		
لبنا	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Mailing Address			
	CITY	STATE	ZIP CODE

Federal Flection Commission 1599
999 EST, NW #910
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Postmark Illegible					
No Postmark					
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Next Bu	usiness Day Delivery				
Received from House Records & Registration Office	Date of Receipt				
Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	e of Receipt or Postmarked				
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